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COVER LETTER

TO: Registration Section Division of Corporat	tions		
subject: <u>BAREF</u>	OT PROMOTION Name of Limi	NS, LLC ted Liability Company	
The enclosed Articles of Amer	adment and fee(s) are subr	nitted for filing.	
Please return all correspondence	ce concerning this matter t	to the following:	
_	5 COTT	A LEXANDER Name of Person	
_		Firm/Company	
_	8380 BAY	PINES BLVD, 2NV	FLOOR
· _	STPETERS	DWR6 FL 33709 City/State and Zip Code Ally Pa W 9 mail. Cor o be used for future annual report notificat	(Marion)
For further information concer	ning this matter, please ca	U :	
SCOTT ALEXA Name of Person	NOE C	at (727) 612-22 Area Code Daytime Te	L 2 lephone Number
Enclosed is a check for the following	EVECT: BAREFOOT PROMOTIONS LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: SLOTT ALEXANDER Name of Person		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status		-

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAREFOOT PR Name of the Limited L	iability Company as it now appears on our rec lorida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on 2 2	_
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		7 7 7
(Principal office address MUST BE A STREET A) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX		50
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our reco	
_	, City	Fiorida Zip Code
New Designational Agents's Company of Abancing Designation	ř	engr como

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** Title Name **Address** NO SHOES, LLC 7309 COQUINA WAY DANG AMBR ST PETE BEACH, FL 33706 V Remove 7309 COQUINA WAY * Add AMOR HANGFIRE LLC ST PETE BEALH, FL 33706 - Remove ☐ Change □ Add ☐ Remove ☐ Change Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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If an effective Note: If the	date, if other than we date is listed, the date he date inserted in the 's effective date on the	must be speci is block does	ific and car s not mee	nnot be prior t the applic	to date of fil able statute	ing or more to ory filing rec	nan 90 days af	tional) ter filing.) Pr his date wi	ursuant to 605.0% Il not be listed	207 (3 as th
he record	d specifies a dela oth day after the	yed effect record is t	tive dat filed.	e, but no	t an effe	ctive time	, at 12:01	. a.m. on	the earlier	of:
Dated	3/2		, _	2017	<u>.</u>					
		<u>S:-</u>	24	- >						
		2 i guetur	e or a men	nder or auth	oruzea repres	entative of a	member			

Page 3 of 3

Filing Fee: \$25.00